

10/05/2024

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4						
5	2					
6	2					
7	2					
8	2					
9	0					
10	1					
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
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47			1			
48			1			
49			1			
50			1			
TOTAL IND.			2			
TOTAL DEP.		←	16	←	←	
TOTAL CLAIMS		████████	18	████████	████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		↓	←	←
TOTAL CLAIMS		████████		████████	████████	